Case 13-51128-KMS Doc 5

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B22A (Official Form 22A) (Chapter 7) (04/13)

In re	Raphael Joseph Ducote, Jr.	
111 10	Debtor(s)	According to the information required to be entered on this statement
Case Number:		(check one box as directed in Part I, III, or VI of this statement):
	(If known)	☐ The presumption arises.
		■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS				
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.				
171	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).				
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.				
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.				
Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Artifician Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 1 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 5 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date of which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.					
1C	Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard				
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;				
	OR				
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 				

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		Part II. CALCULATION OF M	ION	NTHLY INCO	M.	E FOR § 707(b)(7	7) F	EXCLUSION			
	Mari	tal/filing status. Check the box that applies a	and c	complete the balance	ce c	of this part of this state	mer	nt as directed.			
	a.	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.									
2	, I	b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse a purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete for Lines 3-11.							nd I are living apart other than for the		
	c. [Married, not filing jointly, without the decle ("Debtor's Income") and Column B ("Spot	use's	Income") for Lin	es	3-11.	above. Complete both Column A				
	d. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("					Spo	use's Income")	for Lines 3-11.			
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before						Column A	Column B			
		ling. If the amount of monthly income varied						Debtor's	Spouse's		
		onth total by six, and enter the result on the a			, ,			Income	Income		
3	Gross	s wages, salary, tips, bonuses, overtime, con	mmi	ssions.			\$	0.00	\$		
		ne from the operation of a business, profes									
		the difference in the appropriate column(s) o ess, profession or farm, enter aggregate numb									
		nter a number less than zero. Do not include									
4		b as a deduction in Part V.				.					
		1		Debtor		Spouse					
	a.	Gross receipts	\$	0.00							
	b. c.	Ordinary and necessary business expenses Business income	\$	btract Line b from		20.0	\$	0.00	¢		
	_					-	Ф	0.00	Φ		
	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any										
	part of the operating expenses entered on Line b as a deduction in Part V.										
5	Debtor Spouse										
	a.	Gross receipts	\$	0.00							
	b. c.	Ordinary and necessary operating expenses		0.00 btract Line b from	_		\$	0.00	¢		
		Rent and other real property income	Su	btract Line b from	LII	ie a					
6		est, dividends, and royalties.					\$	0.00			
7		on and retirement income.					\$	0.00	\$		
8	exper purpo spous	amounts paid by another person or entity, uses of the debtor or the debtor's dependent ose. Do not include alimony or separate main the if Column B is completed. Each regular parayment is listed in Column A, do not report to	i ts, i i itena ayme	ncluding child sup nce payments or ar ent should be report	po not ted	rt paid for that ants paid by your	\$	0.00	\$		
9	Howe benef	nployment compensation. Enter the amount ever, if you contend that unemployment compit under the Social Security Act, do not list the but instead state the amount in the space below.	pensa ne an	ation received by yo	ou	or your spouse was a					
		mployment compensation claimed to benefit under the Social Security Act Debte	or\$	0.00 Sp	ous	se \$	\$	0.00	\$		
10	on a s spous maint receiv	ne from all other sources. Specify source an separate page. Do not include alimony or separate page. Be if Column B is completed, but include all tenance. Do not include any benefits receive yed as a victim of a war crime, crime against stic terrorism.	para l oth d un	te maintenance pa er payments of ali der the Social Secu	ayn imo irit	nents paid by your ony or separate y Act or payments					
	a.		\$	DCUIUI	\$						
	b.		\$		\$						
	Total and enter on Line 10					\$	0.00	\$			
11		otal of Current Monthly Income for § 707() mn B is completed, add Lines 3 through 10 in					\$	0.00	\$		

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		0.00					
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION							
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	0.00					
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)							
	a. Enter debtor's state of residence: MS b. Enter debtor's household size: 1	\$	36,240.00					
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.							
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the							
	top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.							
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.							

16	Column B that was NOT paid on a dependents. Specify in the lines belospouse's tax liability or the spouse's amount of income devoted to each part of the spouse's area.	I the box at Line 2.c, 6 egular basis for the how the basis for exclus support of persons of urpose. If necessary, 1	enter on L ousehold e ding the C her than th	Line 17 the total of any indexpenses of the debtor or Column B income (such as	come listed in Line 11, the debtor's	\$		
	Marital adjustment. If you checked Column B that was NOT paid on a sidependents. Specify in the lines belo spouse's tax liability or the spouse's amount of income devoted to each page 1.	egular basis for the ho ow the basis for exclude support of persons oth urpose. If necessary, l	ousehold on the Country the Country than the country than the country the coun	expenses of the debtor or Column B income (such as	the debtor's	\$		
17	Column B that was NOT paid on a dependents. Specify in the lines belospouse's tax liability or the spouse's amount of income devoted to each part of the spouse's area.	egular basis for the ho ow the basis for exclude support of persons oth urpose. If necessary, l	ousehold on the Country the Country than the country than the country the coun	expenses of the debtor or Column B income (such as	the debtor's			
			Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.					
	a. b. c. d. Total and enter on Line 17			\$ \$ \$		\$		
18	Current monthly income for § 707	(b)(2). Subtract Line	e 17 from I	Line 16 and enter the resu	ılt.	\$		
l	Part V. C.	LCULATION (OF DED	OUCTIONS FROM	INCOME			
				of the Internal Revenu				
19A	A National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$		
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom							
	Persons under 65 year			Persons 65 years of age	or older			
	a1. Allowance per person b1. Number of persons c1. Subtotal	ŀ	b2. N	Allowance per person Number of persons Subtotal		\$		
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$			

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of the number that would currently be allowed as exemptions on your fed any additional dependents whom you support); enter on Line b the tot debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42			
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$	
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	led under the IRS Housing and Utilities	\$	
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. \[\begin{array}{c} 0 & \lefta 1 & \lefta 2 \text{ or more.} \] If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42 c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a.			
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs \$			
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal,			

	* * * * * * * * * * * * * * * * * * * *				
26	Other Necessary Expenses: involuntary deductions for deductions that are required for your employment, such a Do not include discretionary amounts, such as voluntary	as retirement contributions, union dues, and uniform costs.	\$		
27	Other Necessary Expenses: life insurance. Enter total life insurance for yourself. Do not include premiums fo any other form of insurance.	\$			
28	Other Necessary Expenses: court-ordered payments. pay pursuant to the order of a court or administrative age include payments on past due obligations included in	\$			
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter				
30	Other Necessary Expenses: childcare. Enter the total a childcare - such as baby-sitting, day care, nursery and pro		\$		
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.				
32	Other Necessary Expenses: telecommunication service actually pay for telecommunication services other than you pagers, call waiting, caller id, special long distance, or in welfare or that of your dependents. Do not include any a	\$			
33	Total Expenses Allowed under IRS Standards. Enter	the total of Lines 19 through 32.	\$		
	Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.				
34	a. Health Insurance	\$			
	b. Disability Insurance	\$			
	c. Health Savings Account	\$	\$		
	Total and enter on Line 34. If you do not actually expend this total amount, state y below: \$	your actual total average monthly expenditures in the space			
35	Continued contributions to the care of household or far expenses that you will continue to pay for the reasonable ill, or disabled member of your household or member of expenses.	\$			
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
37	Home energy costs. Enter the total average monthly am Standards for Housing and Utilities, that you actually experience with documentation of your actual expenses, a claimed is reasonable and necessary.	pend for home energy costs. You must provide your case	\$		
38	claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary				

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.						\$
40			Enter the amount that you will conting anization as defined in 26 U.S.C. § 1			e form of cash or	\$
41	Tota	l Additional Expense Deductions	under § 707(b). Enter the total of L	ines	s 34 through 40		\$
		Sı	ubpart C: Deductions for Del	bt l	Payment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.					aly Payment, and l of all amounts ne bankruptcy	
		Name of Creditor	Property Securing the Debt	F	Average Monthly Payment	Does payment include taxes or insurance?	
	a.			\$		□yes □no	
					Total: Add Lines		\$
44	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount a. Total: Add Lines Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28. Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following					a may include in on to the d include any such amounts in e Cure Amount otal: Add Lines aims, such as uptcy filing. Do	\$ \$
45	a. b.	Projected average monthly char Current multiplier for your dist issued by the Executive Office	rict as determined under schedules for United States Trustees. (This w.usdoj.gov/ust/ or from the clerk of	\$ x	otal: Multiply Line		\$
46	Tota	Deductions for Debt Payment. I	Enter the total of Lines 42 through 45				\$
		Su	bpart D: Total Deductions f	ron	n Income		
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.					\$	
		Part VI. DE	TERMINATION OF § 707(b)(2) PRESUMP	ΓΙΟΝ	
48	Ente	r the amount from Line 18 (Curi	rent monthly income for § 707(b)(2))			\$
49	Ente	r the amount from Line 47 (Tota	l of all deductions allowed under §	707	(b)(2))		\$
50	Mon	thly disposable income under § 7	707(b)(2). Subtract Line 49 from Line	48	and enter the resu	lt.	\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result						

	Initial presumption determination. Check the applicable box and proceed as directed.					
52	☐ The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
32	☐ The amount set forth on Line 51 is more than \$12,475* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.					
	☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (L	ines 53 through 55).				
53	Enter the amount of your total non-priority unsecured debt	\$				
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$				
	Secondary presumption determination. Check the applicable box and proceed as directed.	,				
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.					
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.					
	Part VII. ADDITIONAL EXPENSE CLAIMS					
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the you and your family and that you contend should be an additional deduction from your current monthly income und 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average reach item. Total the expenses.	er §				
	Expense Description Monthly Amount	nt				
	a.	4				
	c. \$					
	d. \$					
	Total: Add Lines a, b, c, and d \$					
	Part VIII. VERIFICATION					
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a join	t case, both debtors				
57	must sign.) Date: June 7, 2013 Signature: /s/ Raphael Joseph Ducot	e, Jr.				
. 31	Raphael Joseph Ducote, (Debtor)					
	1					

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.